GLOBAL HEALTH RECOMMENDATIONS
for a New Administration and Congress

Introduction

We are at a pivotal point in United States history as the Obama Administration and the 111th Congress begin. We embrace the message of change and hope that brought this new administration to ascendance and look forward to the application of these principles in all sectors of government. While the U.S. financial crisis is likely foremost on the minds of many in Washington, the current global crisis threatens to worsen the extreme privation suffered by those in the developing world. At the writing of this document, 25% of the developing world lives in dire poverty and 80% of the world lives in countries where income inequality is worsening. Such social inequity threatens not only the health of the globe but peace, security, and the prospects of financial recovery. The U.S. government role in providing aid for health and development has never been more critical.

In the year 2000, the 189 member states of the United Nations agreed upon a set of goals—the Millennium Development Goals (MDGs)—the achievement of which would be prioritized by both developing countries and the wealthier countries that provide assistance. The MDGs highlighted the critical links between improving health, education, and the status of women and children and achieving meaningful and equitable development for the world’s poor. However, with little financial commitment from the developed world, meager progress has been made towards achieving the MDGs.

Much of the assistance to poor countries in the last three decades has been given with the goal of building market-based strategies to attain development, with the idea that these strategies would be self-sustaining. Yet, as we see in our own country today, the private sector has insufficient responsibility to protect the vulnerable. Not surprisingly, market strategies in the developing world have failed to provide the services needed to the world’s poorest. Additionally, money for health has typically been given to U.S. organizations to deliver a single or small cluster of interventions as opposed to building systems to deliver care and addressing the root causes of disease. We believe that accountability and a rights-based approach is best served if services are delivered in the public sector in a democratic society in which the populace has a say in the implementation.

A poignant example of the failure to deliver health to the world’s poor is the fact that the number of women who die in childbirth has remained constant despite 40 years of development assistance targeted toward “safe motherhood.” Programs taught traditional birth attendants sterile techniques for home deliveries and when to refer women for medical care. Yet no money was spent on the development of modern medical facilities with access to blood, surgery, and the skilled providers needed to avert maternal death. The rare services that do exist in poor countries are simply too costly for the majority of poor women.

We believe that U.S. health and development assistance should address both the root causes of ill health—poverty and inequality—and be directed toward building public sector institutions to help governments respond to the needs of their people. Aid should be transparent on both donor and recipient sides and accountable to the target population—the poor who need services most. The new Administration and Congress have a unique opportunity to redefine foreign aid policy to help those most impoverished and to save lives. Implementing the recommendations of this paper would have an enormous impact. For further details related to each recommendation, we encourage you to refer to our longer, accompanying document, which can be found at www.globalhealth2009.org.
RECOMMENDATIONS

Improving Means of Funding

Commit to a comprehensive approach to health:
1. Develop sustained financing to effectively and efficiently disburse funds to health programs with multi-year funding cycles rather than annual appropriations
2. Increase Official Development Assistance to 0.7% of GNI and proportionately increase funding for all global health programs, capitalizing on vertical funding currently available, with a focus on maximizing outcomes.
4. End the vertical versus horizontal funding debate and commit to a comprehensive health care approach.

Address inefficiency in aid:
1. Develop a framework to better evaluate programs and measure their effectiveness and efficacy.
2. Require all agencies and initiatives to assess performance of programs and individual projects; examine money flows and the variability of impact which may not be seen at the macro level so as to determine more efficient multilateral mechanisms and NGOs through which to channel money.
3. Institute a policy of complete transparency in U.S. foreign aid, shedding light on the costs that significantly decrease the percentage of aid reaching recipient countries.

Improving Health Care Delivery

Build local / national capacity:
1. Direct more U.S. aid to recipient country public sectors to develop health systems and encourage other donor countries to follow suit. Such funds should be allocated to refurbish facilities, hire and train new clinical and administrative staffs, compensate existing Ministry of Health staff, and waive patient user fees.
2. Increase the total number of health workers in resource-poor areas to, at a minimum, 2.3 doctors, nurses, and trained midwives, and 1.8 health auxiliaries (including community health workers) per 1,000 residents; provide full support for pre-service training and retention for at least 140,000 new health professionals.
3. Revise U.S. policy regarding compensation of community health workers for their services, moving beyond an unsustainable model that relies on local residents to volunteer their time for health and development projects that benefit the community.

Reduce child mortality:
1. Support child health programs with an integrated approach focusing on family, clean water, nutrition, health care, education, and social protection to adequately address the essential elements of children’s lives.
2. Continue to make greater investments in vaccination campaigns to address the threat of pneumonia, polio, measles, tetanus, and diphtheria – common killers of children in resource-poor areas.
3. Combat malnutrition by enhancing preventive efforts by providing nutritious foods, increasing use of ready-to-use therapeutic food, and acknowledging access to food as a vital component in improving child health.

_Improve women’s health:_
1. Increase funding for reducing maternal mortality, family planning, and reproductive health services; revise the ABC policy using scientific evidence; and repeal the Mexico City Policy (i.e. the Global Gag Rule).
2. Remove financial barriers to care, specifically user fees for prenatal and obstetrical services, since maternal mortality is strongly correlated with poverty.
3. Address issues documented to be inextricably linked to women’s health, including economic empowerment for women, psychosocial support, and support for women who are victims of domestic abuse/violence.

_HIV/AIDS:_
1. Ensure the $48 billion Congress has authorized for HIV/AIDS, TB and Malaria over the next five years is fully appropriated.
2. Remove the social and economic barriers to treatment adherence by providing “wrap-around services” such as nutrition, clean water, housing, and childcare support.
3. Fund development of new prevention and treatment technologies – vaccines, more reliable diagnostics, and new classes of therapeutics.
4. Scale up coordinated TB-HIV services and require PEPFAR recipients to incorporate the Three I’s (intensified case finding, isoniazid preventive therapy, and infection control) into programming in high TB-HIV burden countries.

_Tuberculosis:_
1. Create a presidential initiative on global tuberculosis.
2. Expand access to TB treatment in high burden countries and develop a strategy to reach the U.S. target of providing 4.5 million successful DOTS treatments.
3. Address drug-resistant TB by expanding laboratory capacity and treatment in high burden regions, and funding development of new, effective diagnostic tools and drugs.
4. Fully fund U.S. bilateral TB programs supported through PEPFAR, USAID, and CDC; contribute the U.S. fair share of funding to programs such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

_Malaria:_
1. Require the PMI Coordinator to comprehensively evaluate all programs to determine effective and ineffective programs and policies; use these findings to promote best practices with all PMI fund recipients.
2. Place a greater focus on implementation and health care delivery via a newly developed Malaria Initiative Strategy.
3. Set concrete limits on the use of PMI funds, which may go to technical assistance and consultants.
4. Fully fund U.S. bilateral malaria programs through PMI, USAID, and CDC and contribute the U.S. fair share of funding to programs such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.
Decrease extreme poverty and hunger:
1. Immediately fund additional emergency food assistance to prevent further death and disease.
2. Direct the State Department, USDA, USAID, U.S. Treasury, and other agencies to assist governments in developing food sovereignty by allowing them to support small-hold farmers, improve market access in developing countries, and utilize protective tariffs for food production.
3. Collaborate with recipient countries to institute progressive policies on land reform and agricultural development.
4. Track food aid to ensure its efficient and effective delivery and substantially decrease the large amounts of aid to U.S. transport companies and agribusiness.

Revising Development Policies and Financing Architecture

Redefine foreign aid policy and goals:
1. Instruct the Department of Treasury to work with the IMF Executive Board to review and change the restrictiveness of IMF macroeconomic policies, and widely publicize such policy changes.
2. Work with the Department of Treasury and IMF to develop increased public spending policy options, which have been fully vetted by a broader group of stakeholders.
3. Require U.S. government contractors to adhere to the principles of the NGO Code of Conduct.

Recognizing the Full Scope of Human Rights

Ratify the currently signed treaties:
1. The International Covenant on Economic, Social and Cultural Rights
2. The Convention on the Elimination of All Forms of Discrimination Against Women
3. The Convention on the Rights of the Child
4. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families
5. The International Labor Organization Conventions
6. The International Criminal Court
7. The Kyoto Protocol

FOR FURTHER INFORMATION

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